



**Fertilizer Industry  
Federation Of  
Australia, Inc.**

Registration No. A0025290C  
ABN 71 395 757 876  
ARBN 106 743 015



**Australian Fertiliser  
Services Association  
Inc.**

Registered Number A8126  
ABN 44 392 693 261

## Instructions

Please follow the instructions below when completing your application. The instruction number is referenced in the "Note" column of the relevant section of the application form.

1. Level C Advisors may apply for accreditation as individuals or as part of an organizations application. All other accreditation is only available at an organizational level.
2. If an application from an organisation, the full registered trading name. If an individual application, use the abbreviation N/A.
3. For an organisation, the name of the authorised person, for an individual, your own name. The declaration that must be signed as part of the application includes a statement that you are authorized by your organisation to make the application.
4. Your job title, if an individual you may choose to list a title or to enter N/A.
5. The physical address of all premises covered by the application including the premises of any contractors who have an ongoing business relationship with the organization and are engaged in the fertilizer business. The cost of the license is \$50 per premises covered.
6. Enter the **maximum** storage capacity in tonnes for each of; bulk, intermediate bulk containers (bulk bags) and bagged fertilizer. If you do not store that type of container please enter 0 in the appropriate box.
7. Enter a **complete list** of **eligible staff** including staff of any contractors who have an ongoing business relationship with the organization and are engaged in the fertilizer business. Include both staff who have already completed training and those who have not. For each member of staff enter A, B or C to indicate which level of training you expect them to complete or which they have already completed. Additional names may be appended on a separate sheet, if so, please tick the appropriate box.  
Eligible staff are defined as:  
"Those involved in providing advice on fertilizer and soil ameliorant use, either in a sales or advisory role and those involved in the storage, handling, transport and application of fertilizers and soil ameliorants."
8. Enter a **complete list** of spreading equipment owned by the business or by a contractor who forms part of the business offering to clients. Include details of the truck and of the spreader. If the equipment is Accu-Spread accredited enter the certificate number, otherwise leave blank.
9. If the company is an **ordinary member** of FIFA or AFSA tick the appropriate box.
10. Tick yes if you would like us to publicise your Fertcare status or tick no if you would like the information kept confidential.



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## Application for Accreditation and Licence

Fill in <b>all</b> white sections, use N/A where appropriate. Refer to notes for guidance.				Note
<b>Type of application</b>		Organisation <input type="checkbox"/>	Individual <input type="checkbox"/>	1
Name of organization				2
Name of applicant				3
Position in organization				4
Postal Address				
Phone		Fax		
Email				
<b>Physical Address</b>				5
Additional location attached				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
<b>Maximum storage capacity</b>		Bulk	IBC	6
			Bag	
<b>Eligible staff</b>		Full Name		Level
Additional Staff Attached				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
				7
<b>Spreader Details</b>		Truck & Spreader		Certificate
Additional Spreaders Attached				8
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
<b>Membership</b>		FIFA <input type="checkbox"/>	AFSA <input type="checkbox"/>	9
<b>Keep information on status</b>		Public <input type="checkbox"/>	Private <input type="checkbox"/>	10



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**Declaration by the applicant:**

- ◆ I confirm that the information provided in this application is complete and correct.
- ◆ I confirm that in signing this application I am committed to the rules and spirit of the Fertcare program. In particular, that the Fertcare Trade Marks will only be used in accordance with the rules of the program and that if at any stage in the future the requirements of the program are not met, all use of the trade marks will cease within the specified time frame.
- ◆ I accept that the Fertcare Management Committee is the arbiter of any dispute and that their decisions are final.
- ◆ I confirm that I have the authority to make this declaration and application on behalf of the organisation/individual named above as applicant.

Signed: \_\_\_\_\_ Date    /    /

Please forward your application to Agsafe Limited, GPO Box 816 Canberra City ACT 2601

Once your application has been assessed two copies of a licence agreement will be forwarded for your signature. Under no circumstances should you commence using the trade marks until you have signed and returned these and received your copy of the countersigned Licence agreement.

If you have ticked public above, please provide details that we should publish on our web site.

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Email: \_\_\_\_\_